AMENDMENTS TO THE SPECIFICATION:

Please replace the second paragraph beginning on page 9 with the following amended paragraph:

Figure 4A depicts an alternative embodiment for the tip section 44' of the dilator depicted in Figure 4. In this embodiment, tip section 44' has an elongated shape, as compared with the embodiment in Figure 4. Like the previous embodiment, opening 47' permits fluid to flow within region 49, which is disposed within tube 50' around tube 45'. Unlike the previous embodiment, tube 50' and tip 44' are not fixed within the cannula 30. Rather, tube 50' and tip 44' can be inserted into and withdrawn from the cannula with relatively little obstruction.

Please replace the last paragraph beginning on page 10 and ending on page 11 with the following amended paragraph:

Referring to Figure 6F, another embodiment of a staple 76' of the present invention. The staple of this embodiment cooperates with the flange member 84', crimping member 82', conforming portion 90' and ~~connecting rod~~ shaft 86' as in the previous embodiment. Included in this embodiment is membrane 130. ~~Member~~ Membrane 130 is formed on the staple between members 72' such that the opening 74 (not shown) is covered. The membrane 130 is preferably formed to permit unobstructed ingress and egress of flange 84' within the opening 74, as shown in the drawing. Membrane 130 is formed of ~~silicon~~silicone, elastomer, or bioabsorbable material. Essentially, membrane 130 is provided to seal the puncture hole in the vascular wall that may remain unsealed due to the opening 74 of the staple 76'.

Please replace the second paragraph beginning on page 12 and ending on page 13 with the following amended paragraph:

Once the diagnostic, interventional, therapeutic, or other procedure (following the cannula to the puncture site) is complete, the puncture site is to be closed. As shown in FIG. 11, the stapler 80 (with a staple 70 secured on the distal end, as described above) is inserted down the cannula to the puncture site. The staple 70 is pushed into the vascular wall sufficiently to allow the staple to at least partially pierce the wall, as shown in the close-up view of FIG. 12. As shown in FIGS. 13 and 14, the surgeon activates a lever 94, which, in turn activates driving mechanism 96 to drive crimping member 82 distally, to thereby crimp the staple and seal the puncture site (as described above). As shown in the figures, driving mechanism 96 is contained within handle 108. More specifically, mechanism 96 preferably includes a spring 102 housed in housing 104. Spring 102 is connected to lever 94 (via connecting hub 110) and crimping member 82, so that movement of ~~handle~~ lever 94 provides distal and proximal movement to crimping member 82. Spring member preferably keeps ~~handle~~ lever 94 and crimping member 82 in the relative positions shown in Fig. 11 and 6A, respectively. Thus, movement of the ~~handle~~ lever 94 as indicated by the arrow in Figure 11 causes crimping member [[84]] 82 to be forced against the staple for closure (crimping), as described above. Once crimped, a key hub 98 on the stapler is rotated to turn the shaft 86 approximately ninety degrees to align opening 74 of staple 70 with flange 84, as shown in FIG. 15. This permits disengagement of the staple 70 from the stapler 80, [[50]] so that the stapler can be removed from the cannula, as shown in FIGS. 16 and 17. After the stapler is removed the stapled puncture site can be inspected (down the cannula) to ensure that the puncture site is correctly sealed (FIG. 19). In addition, the guide wire, if not previously removed, can be removed at this point. The vacuum is disengaged to permit the

cannula to be removed from the incision in the skin, as shown in FIG. 18. It should be noted that other geometric configurations of the flange member and staple will necessitate an alternative rotation, which may be other than approximately 90 degrees.